MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO: 10/584432

FILING DATE:

APPLICANT(S):

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		2		1			53						
4		(1)		1			54						
5		(1)					55						
6		(1)		1			56						
7	1		1				57						
8				1			58						
9				1			59						
10				1			60						
11							61						
12							62						
13							63						
14							64						
15							65						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	8	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			10				TOTAL CLAIMS						

PTO-1360 (REV: 9/03)